

Prince of Peace Lutheran Church
Medical Consent and Liability and Activity Release Form
9320 Meadow Way
Everett, WA 98208

Participant Name: _____

Address: _____ City: _____ State _____ Zip: _____

Home Phone #: _____ Work/Cell #: _____

As the parent or legal guardian for the above child, I hereby consent to participation of myself (or child) in the following activity:

I understand that I have a duty to provide primary accident and medical insurance for myself (or for my child) and I declare that I am (or my child) is covered by primary accident and medical insurance.

We, the undersigned parent(s) and/or natural guardians do hereby authorize Prince of Peace Lutheran Church, my child's youth leader (and/or any other adult appointed or designated) consent to secure emergency medical, surgical and dental care for my child, _____

Physicians Name: _____ Insurance Company: _____

Policy #: _____

Below I have listed any known allergies, medications or important medical information that those giving treatment should be aware of.

Emergency Contact Numbers and Names of Persons to Contact:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

I release and forever discharge the, The NALC Youth Ministry, The North American Lutheran Church (Synod) Prince of Peace Lutheran Church Everett WA, Their agents and servants, successors and assigns, directors, trustees, officers, employees, and other representatives from and all damages and causes of actions either at law or in equity, That I may have as a result of my (or my child's) participation in, attendance at, and travel to and from said event. Furthermore, I do hereby expressly stipulate, and agree to indemnify and hold forever harmless the Synod, Prince of Peace Lutheran Church Everett WA, Its agents and servants, successors and assigns, Directors, Trustee, Officers, Employees, and other Representatives against loss from any and all present or future claims, demands, or actions in equity that may hereafter be made or brought by me or my child, by anyone on behalf of me or my child, or by anyone else on their own behalf for damages or any other legal or equitable remedy on account of any injury, illness, physical condition, inconvenience or loss sustained by me or my child during the said event or travel to and from the same.

X _____ Date: _____